



*Fee only*

Docket No.: 522.1919-C3C

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:

Tsutae SHINODA et al.

Serial No. 10/810,815

Group Art Unit: To be Assigned

Confirmation No. 9723

Filed: March 29, 2004

Examiner: To be Assigned

For: FULL COLOR SURFACE DISCHARGE TYPE PLASMA DISPLAY DEVICE

**SUPPLEMENTAL PRELIMINARY AMENDMENT**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Before examination of the above-identified application, please amend the application as follows:

01/28/2005 VBROWN2 00000008 193935 10810815

01 FC:1202 550.00 DA

**REMARKS**

In accordance with the foregoing, the dependencies of claims 78-80 are corrected to depend from independent claim 73 and new dependent claims 81, 82, and 83, 84 and 85 are added, without the introduction of new matter.

Approval and entry of the foregoing amended and new claims are respectfully requested.

It is respectfully requested that this Supplemental Preliminary Amendment be entered in the above-referenced application.

If there are any additional fees associated with filing of this Supplemental Preliminary Amendment, please charge the same to our Deposit Account No. 19-3935.

Respectfully submitted,

STAAS & HALSEY LLP

Date: January 5, 2005

By: \_\_\_\_\_

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<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> <i>EFFECTIVE DEC. 8, 2004</i> Substitute for Form PTO-875 <i>EFFECTIVE DEC. 8, 2004</i> Application or Docket Number <i>10/810,815</i>					
<b>CLAIMS AS FILED – PART I</b>					
(Column 1)		(Column 2)		SMALL ENTITY      OR      OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					<i>\$375</i>
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		*	<i>x \$25 =</i>	<i>\$50</i>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		*	<i>x \$100 =</i>	<i>\$200</i>
MULTIPLE DEPENDENT CLAIM PRESENT      (37 CFR 1.16(d))				<i>+ \$180 =</i>	<i>\$360</i>
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	TOTAL
<b>CLAIMS AS AMENDED – PART II</b>					
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
<i>1/5/05</i>	<i>130</i>	Minus	<i>119</i>	= <i>11</i>	
Total (37 CFR 1.16(c))	<i>13</i>	Minus	<i>13</i>	= <i>—</i>	
Independent (37 CFR 1.16(b))	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM      (37 CFR 1.16(d))				
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total (37 CFR 1.16(c))		Minus		=	
Independent (37 CFR 1.16(b))		Minus		=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM      (37 CFR 1.16(d))					
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total (37 CFR 1.16(c))		Minus		=	
Independent (37 CFR 1.16(b))		Minus		=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM      (37 CFR 1.16(d))					

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

*522.1911 CSE*  
*10/8/08*

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	71	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	71 minus 20 =	51
INDEPENDENT CLAIMS	12 minus 3 =	9
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	8/18/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total	119	Minus	71 = 48
Independent	13	Minus	12 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input checked="" type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	918
X86=	774
+290=	
TOTAL	2467

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	864.00
X86=	86.00
+290=	290.00
TOTAL	1240.00

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	